BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 P/933-340													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TC	TAL CLAIMS		27				RAT	E	FEE	1 1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
то	TAL CHARGEA	BLE CLAIMS	2 7 minus 20=		. 7		X\$ 9)=		OR	X\$18=	1260	00
IND	EPENDENT CL	AIMS	// minus 3 = *				X40	=		OR	X80=	80.	00
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				+135				+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2)= \L		OR OR	TOTAL	916.	00
	Cl		-	<u></u>		OTHER	110						
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								LL I	ENTITY	OR .	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		İ
	Independent	*	Minus	***	<u>-</u> -	=	X40	=		OR	X80=]
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_			+270=		
								= TAL		OR	TOTAL		
			,				ADDIT. F			OR	ACDIT. FEE		1
IDMENT B		(Column 1) CLAIMS	(1) (A) (1) (5)		mn 2) HEST	(Column 3)			ADDI	1 1		A D D I	
		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=	:	OR	X\$18=		
AME	Independent	*	Minus	***		=	X40	=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										070		İ
							+135)= TAL		OR	+270= TOTAL		
							ADDIT. I			OR	ADDIT. FEE		ł
	Toleran was an always	(Column 1)	Total Children Start Av. 18		mn 2) HEST	(Column 3)							1
AMENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
ME	Independent	*	Minus	***		=	X40	=		OR	X80=		1
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1			1
	If the content in only	ıma 1 ia laga than	the entry in cal	ımn 2 wri	te "O" in co	dumn 3	+135			OR	+270=		1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													4
	The "Highest Nur	mber Previously Pa	aid For" (Total o	r Indepen	dent) is the	e highest numbe	er found in th	е ар	propriate bo	x in co	lumn 1.		

Application or Docket Number